REST AVAILABLE CODY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

10414.4

. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 <sub>minus 20=</sub>		· 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		$\mathcal{P}$			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	L	TOTAL	355	OR	TOTAL	
	C	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.30	Minus	**	20	= 10		X\$ 9=	90	OR	X\$18=	
	Independent	. 4	Minus	***	3	= /		X40=	42	OR	X80=	
L	FIRST PRESE	NTATION OF M	JETIPLE DEP	ENDEN	CLAIM		J	+135=	-	OR	+270=	
							L	TOTAL	172		TOTAL ADDIT. FEE	
ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 34	Minus	3	6	= 4		X\$ 9=		OR	X\$18=	12
	Independent	TATION OF MI	Minus	*** L	CLAIM	140	+ [	X40=	-	OR	X80=	
	THOTFHESE	INTATION OF IM	Jeni ee Dei	LINDEIN	OLAIM		<b>,</b> [	+135=		OR	+270=	
							Α	TOTAL ADDIT. FEE	,	OR	TOTAL ADDIT. FEE	11/2
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OŘ	X\$18=	
	Independent	*	Minus	***	T 01 1111	-	<b> </b>	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	CLAIM		┛┞	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												